

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								

Name of Offering   check if this is an amendment and name has changed, and indicate change.)  Common Stock Offering  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Rule 4(6) ULOE  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the Information requested about the issuer  Name of Issuer   check if this is an amendment and name has changed, and indicate change.)  Chipotle Mexican Grill, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1543 Wazee St., Suite 200, Denver, CO 80202  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  1546 Wazee St., Suite 200, Denver, CO 80202  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number Including Area Code)  Telephone Number Inc	UNIFORM LIMITED OFFERING EXEMPT	HUN					
Filing Under (Check box(es) that apply):	Name of Offering ( check if this is an amendment and name has changed, and indicate cha	nge.)					
A. BASIC IDENTIFICATION DATA  1. Enter the Information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Chipotle Mexican Grill, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1543 Wazee St., Suite 200, Denver, CO 80202  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Glifferent from Executive Offices)  Brief Description of Business  Ownership, development and operation of restaurants  PROCESSED  JUN 2 5 2002  Type of Business Organization  Corporation   limited partnership, already formed HOMSON   other (please specify):   business trust   limited partnership, to be formed FINANCIAL  Actual or Estimated Date of Incorporation or Organization:   0   1   9   8   Actual   Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
A. BASIC IDENTIFICATION DATA  1. Enter the Information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Chipotle Mexican Grill, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1543 Wazee St., Suite 200, Denver, CO 80202  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Gif different from Executive Offices)  Brief Description of Business  Ownership, development and operation of restaurants  PROCESSED  Type of Business Organization  Corporation   limited partnership, already formetit/OMSON   other (please specify):    business trust   limited partnership, to be formed FINANCIAL  Month Year  Actual or Estimated Date of Incorporation or Organization:   0   1   9   8   Actual   Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐	Rule 4(6) ULOE					
1. Enter the Information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Chipotle Mexican Grill, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  1543 Wazee St., Suite 200, Denver, CO 80202  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Gif different from Executive Offices)  Brief Description of Business  Ownership, development and operation of restaurants  PROCESSED  JUN 2 5 2002  Type of Business Organization  Corporation   limited partnership, already formed HOMSON   other (please specify):    business trust   limited partnership, to be formed FINANCIAL  Actual or Estimated Date of Incorporation or Organization:   0 1 9 8   Actual   Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
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Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business Ownership, development and operation of restaurants  PROCESSED  JUN 2 5 2002  Type of Business Organization    Corporation   limited partnership, already formeti HOMSON   other (please specify):   business trust   limited partnership, to be formed FINANCIAL  Actual or Estimated Date of Incorporation or Organization:   0   1   9   8   Actual   Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	<del>                               </del>	MIM T T 2000					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Graph Description of Business  Ownership, development and operation of restaurants  PROCESSED  JUN 2 5 2002  Type of Business Organization  Corporation  Dimited partnership, already formed HOMSON Dusiness trust  Month Year  Actual or Estimated Date of Incorporation or Organization:  Durisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation Telephone Vumber (Includity Area Code)	Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
Brief Description of Business Ownership, development and operation of restaurants  PROCESSED  JUN 2 5 2002  Type of Business Organization  Corporation  Dimited partnership, already formed HOMSON  Other (please specify):  Dusiness trust  Month  Year  Actual or Estimated Date of Incorporation or Organization:  O 1 9 8 Actual  Durisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:	1543 Wazee St., Suite 200, Denver, CO 80202	303-595 000					
Brief Description of Business  Ownership, development and operation of restaurants  PROCESSED  JUN 2 5 2002  Type of Business Organization  Corporation  Imited partnership, already formed HOMSON  business trust  Imited partnership, to be formed FINANCIAL  Actual or Estimated Date of Incorporation or Organization:  Month  Year  Actual or Estimated Date of Incorporation or Organization:  Imited partnership, to be formed FINANCIAL  Month  Year  Jurisdiction of Incorporation or Organization:  Estimated  Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:	Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Wimber (Including Area Code)					
Ownership, development and operation of restaurants    Sun 2 5 2002	(if different from Executive Offices)						
Type of Business Organization    Corporation	Brief Description of Business						
Type of Business Organization    Corporation	Ownership, development and operation of restaurants  PROCESSED						
Type of Business Organization Corporation Dusiness trust Dimited partnership, already formed HOMSON Dusiness trust Dusiness trust Dusiness trust Month Year  Actual or Estimated Date of Incorporation or Organization:  O 1 9 8 Actual Destinated Dustriction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:		D					
Corporation	JUN 2 5 2002						
business trust							
Actual or Estimated Date of Incorporation or Organization:    Month   Year		other (please specify):					
Actual or Estimated Date of Incorporation or Organization:  0 1 9 8	☐ business trust ☐ limited partnership, to be formed FINANCIAL						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Month Year						
	Actual or Estimated Date of Incorporation or Organization:  0 1 9 8	Actual					
CN for Canada; FN for other foreign jurisdiction)  D E	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	CN for Canada; FN for other foreign jurisdiction	n) D E					

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B, Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Enter the information requested for the follow     Each promoter of the issuer, if the issuer				
Each beneficial owner having the pow of the issuer,	<del>-</del>	- ·	of, 10% or more of	a class of equity securities
Each executive officer and director of contractions	corporate issuers and of cor	porate general and managing	g partners of partne	rship issuers; and
• Each general and managing partner of				
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Ells, M. Steven				
	nd Street, City, State, Zip Co	ode)		
1543 Wazee St., Suite 200, Denver, CO 8020		,		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Ells, Robert H.	i e			
	nd Street, City, State, Zip Co	ode)		
17 Sandstone, Pantola Valley, CA 94028				
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Friedman, Darlene				
Business or Residence Address (Number ar	nd Street, City, State, Zip Co	ode)		
429 Bear Creek Circle, Napa, CA 94558				
Check Box(es) that Apply:  Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
McDonald's Corporation				
Business or Residence Address (Number ar	nd Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL 60523			والمستوال	
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				Managing 1 articl
Lederhausen, Mats				
	nd Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL 60523				
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Schafer, Jerry				
Business or Residence Address (Number ar	nd Street, City, State, Zip Co	ode)		
1543 Wazee St., Suite 200, Denver, CO 8020				
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				Training I de dio
Simon, Marc  Business or Residence Address (Number ar	nd Street, City, State, Zip Co			
`	ia bawi, city, biate, zip Ct	out)		
One McDonald's Plaza, Oakbrook, IL 60523	Beneficial Owner	M Evacutive Officer	Director	Concret and/or
Check Box(es) that Apply: Promoter  Full Name (Last name first, if individual)	T Deliciteral Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner
Reddy, Kevin Business or Residence Address (Number ar	nd Street, City, State, Zip Co	ode)		
1543 Wazee St., Suite 200, Denver, CO 8020	•			
		onal copies of this sheet as	necessary )	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.

	A. BASIC IDENTI	FICATION DATA		
Check Box(es) that Apply:  Prom		☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individu	ual)			
Baldocchi, Albert S.				
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
1601 High St., Boulder, CO 80304				
Check Box(es) that Apply: Prom	<del>-</del>	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individu	ıal)			
Kindler, Jeff	20-10-10-10-10-10-10-10-10-10-10-10-10-10			
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL	60523			
Check Box(es) that Apply: Prom	oter Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individu	ial)			
Flynn, Pat		0.000		
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL	60523			
Check Box(es) that Apply:  Prom	oter Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individu	ial)			
Hartung, John				
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL	60523			
Check Box(es) that Apply:  Prom	oter Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individu	ial)			
Mines, Raymond C.				
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
2615 Jorie Boulevard, Oakbrook, IL	60523			
Check Box(es) that Apply:  Prom	oter Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individu	ual)	" • · · · · · · · · · · · · · · · · · ·		
Charlesworth, John				
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL	60523			
Check Box(es) that Apply:  Prom		☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individu	ual)			
Adel, Bryan				
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)		
One McDonald's Plaza, Oakbrook, IL	60523			
Check Box(es) that Apply: Promo		☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu	ual)			
Business or Residence Address (Nu	mber and Street, City, State, Zip Co	ode)	, V	
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Holland & Hart LLP 3 of 9 SEC 1972 (2/99)

				B. II	NFORMA	TION ABO	UT OFFE	RING				
											Yes	No
1. Has the	e issuer sold	l, or does th	ne issuer inte	end to sell,	to non-accre	edited inves	tors in this	offering?			🗆	$\boxtimes$
			Answ	er also in A	Appendix, C	Column 2, if	filing unde	r ULOE.				
2. What i	s the minim	um investn	nent that wil	l be accepte	ed from any	individual?	?			•••••	\$	20,868.13
											Yes	No
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or similisted in of the set for	ilar remuners an associand broker or death the information of the info	ration for sated person ealer. If manation for t	olicitation o or agent of ore than five hat broker o	f purchaser a broker or e (5) persor	s in connect dealer regins to be liste	tion with sastered with	ales of secu the SEC an	rities in the d/or with a	offering. I state or stat	any commissi f a person to es, list the nar dealer, you m	be ne	
Full Name	(Last name	e first, if in	dividual)									
Business	r Residence	Address	(Number a	and Street,	City, State,	Zip Code)						
			`	<u>,                                      </u>	,							
Name of A	Associated E	Broker or D	ealer									
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	rchasers				· = ·		***
											П	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if in	dividual)									
Business of	or Residence	Address	(Number a	and Street,	City, State,	Zip Code)						
						<u></u>						
Name of A	Associated E	Broker or D	ealer									
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	rchasers	<u></u>					
(Check	"All States"	or check is	ndividual St	ates)		• • • • • • • • • • • • • • • • • • • •						All States
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[MT]	[NE]	[NV]	[NH]	[UN]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if in	dividual)									
Business o	r Residence	Address	(Number a	and Street,	City, State,	Zip Code)						
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Name of A	Associated E	oroker of D	ealei									
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	rchasers						<del></del>
(Check	"All States"	or check is	ndividual St	ates)		•••••		*************				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[VV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RT]	[SC]	[מח]	[תית]	[TY]	וידוו	ן ידי די ז	[ מוד]	[ 147 24 ]	[ 7,77,7 ]	[ TAT T ]	「ななつ	ומסו

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	C	Aggregate Offering Price		Ar	nount Already Sold
	Debt	\$			\$	
	Equity	\$	54,999,999.56		\$	48,582,504.62
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests				\$	
	Other (Specify)				\$	•
	Total				\$	48,582,504.62
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number			Aggregate llar Amount of
			Investors			Purchases
	Accredited Investors				\$	48,582,504.62
	Non-accredited Investors.				\$	0
	Total (for filings under Rule 504 only)				\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T of		n	allan Amanust
	Type of offering		Type of Security		υ	ollar Amount Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504				\$	/
	Total				\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				\$	
	Legal Fees		<u>S</u>	3	\$	25,000.00
	Accounting Fees		[	]	\$	
	Engineering Fees.			]	\$	
	Sales Commissions (specify finders' fees separately)			]	\$	
	Other Expenses (identify)		[	]	\$	
	Total			3	\$	25,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5 of 9

	C OFFERING PRICE	NUMBER OF INVESTORS, EXPENSES AND	USF	OF	PROCEEDS			
	b. Enter the difference between the aggregation and total expenses furnished in response to	te offering price given in response to Part C - Ques Part C - Question 4.a. This difference is the "ad	tion 1 justed				\$	48,557,504.6
5.	each of the purposes shown. If the amount	oss proceeds to the issuer used or proposed to be us for any purpose is not known, furnish an estimat The total of the payments listed must equal the ad- inse to Part C - Question 4.b. above.	e and					
	G	<b>C C</b>			Payments to Officers, Directors, & Affiliates		Р	ayments To Others
	Salaries and fees			\$			\$	
	Purchase of real estate			\$			\$	
	Purchase, rental or leasing and installation	of machinery and equipment		\$			\$	
		and facilities		\$				
	Acquisition of other businesses (including offering that may be used in exchange for	the value of securities involved in this the assets or securities of another issuer		\$			•	
	· ·		$\boxtimes$	\$	20,000,000.00			
	• •			\$		⊠		28,557,504.6
	Other (conside)			\$	<del></del>			
			- –					
			- 🗆	\$	•		\$	
				\$	20,000,000.00	$\boxtimes$	\$	28,557,504.6
	Total Payments Listed (column totals adde	d)			<b>⊠</b> \$ _4	8,557	,504	1.62
		D. FEDERAL SIGNATURE						
sig	nature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If the r to furnish to the U.S. Securities and Exchange Concredited investor pursuant to paragraph (b)(2) of Russian to paragraph (b)(2) of	is not	ice sior	is filed under R			
Iss	uer (Print or Type)	Signature			Date			<u> </u>
Ch	ipotle Mexican Grill, Inc.	Uff Kleman			0:	-/2	4	102
Na	me of Signer (Print or Type)	Tiple of Signer (Print or Type)						
Je	f Klemann	Controller						

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.252(c) rule?	(d), (e) or (f) presently subject to any of the disqualification provisi	ions of such	Yes	No		
		See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by st	furnish to any state administrator of any state in which this notice is ate law.	filed, a notice	on Form	D(17		
3.	The undersigned issuer hereby undertakes to offerees.	furnish to the state administrators, upon written request, information	n furnished by	the issue	r to		
4.	-	nuer is familiar with the conditions that must be satisfied to be entitle which this notice is filed and understands that the issuer claiming the litions have been satisfied.					
	te issuer has read this notification and knows the suthorized person.	ne contents to be true and has duly caused this notice to be signed or	its behalf by	the under	signed		
Iss	uer (Print or Type)	Signature	Date	,			
Chipotle Mexican Grill, Inc.							
Na	ame (Print or Type)	Title (Print or Type)		,			
Je	ff Klemann	Controller					

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				D	

5)

Holland & Hart LLP

1		2	3			4			5 lification	
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		:								
AK										
AZ										
AR										
CA		х	\$ 54,800.15	2	\$ 54,800.15	0	\$0		Х	
со		Х	\$127,245.00	2	\$127,245.00	0	\$0		х	
CT										
DE										
DC										
FL				1						
GA										
HI		:								
ID										
ഥ		Х	\$ 48,319,373.04	1	\$ 48,319,373.04	0	\$0		х	
IN										
IA										
KS										
KY		!								
LA										
ME										
MD										
MA										
MI										
MN										
MS									,	
МО							<del></del>			

## APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT	2 40	110							
NE									
NV									
NH									
NJ		х	\$81,086.45	2	\$81,086.45	0	\$0		х
NM									
NY							•		
NC									
ND	10.00								
ОН									
OK									
OR							······································		
PA	, , , , , ,				· · · · · · · · · · · · · · · · · · ·				
RI								,	
SC									
SD									
TN									
TX			:						
UT									
VT									
VA									
WA				No. 11.1. 1.1.1. 1.					
WV									
WI									
WY							,		
PR						:			

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